

From: [Paul Jimenez](#)
To: [Han, Jonathan J.](#)
Subject: Re: FFL application supporting docs
Date: Wednesday, April 22, 2020 1:34:19 PM
Attachments: [JA Industries LLC Page 1 Revised FFL License Application.pdf](#)
[image003.jpg](#)
[image004.jpg](#)

JA Industries LLC

[REDACTED]
Henderson, NV 89002
[REDACTED]

On Wednesday, April 22, 2020, 09:29:49 AM PDT, Han, Jonathan J. [REDACTED] > wrote:

Good morning, Paul and Monique,

Attached is the acknowledgement that we do every inspection. Can you print for the inspection? We will have Paul check the boxes and sign it.

Thank you!



Jonathan J. Han

Industry Operations Investigator

Bureau of Alcohol, Tobacco, Firearms and Explosives

San Francisco Field Division/ Las Vegas III Field Office

Office: [REDACTED]

Cell: ([REDACTED])

From: Paul Jimenez <jaindustriesllc@yahoo.com>
Sent: Thursday, April 16, 2020 5:25 PM
To: Han, Jonathan J. [REDACTED]
Subject: Re: FFL application supporting docs

ATF0984

Hey Jonathan!

We are all safe and well! Kids are giving me more grey hair but other than that no complaints.

I am attaching the documents I have so far. I am just waiting on Item 2, the permission letter from the property manager. Paul spoke with her yesterday and left a voicemail today.

Please call Paul on his cellphone 702-540-3466 if you have any questions or need anything else. As soon as he gets the letter I will send it over.

Have a great evening.

Best Regards,

Monique Jimenez

JA Industries LLC

[REDACTED]

Henderson, NV 89002

[REDACTED]

On Thursday, April 16, 2020, 12:35:43 PM PDT, Han, Jonathan J. [REDACTED] wrote:

Thank you monique! Hope everything is well😊.

[REDACTED]

Jonathan J. Han

Industry Operations Investigator

Bureau of Alcohol, Tobacco, Firearms and Explosives

ATF0985

San Francisco Field Division/ Las Vegas III Field Office

Office: [REDACTED]

Cell: [REDACTED]

From: Paul Jimenez <jaindustriesllc@yahoo.com>

Sent: Thursday, April 16, 2020 12:34 PM

To: Han, Jonathan J. [REDACTED]

Subject: Re: FFL application supporting docs

Thank you for the email. I will gather what I can and call you if i have any questions.

Best Regards,

Monique Jimenez

JA Industries LLC

[REDACTED]

Henderson, NV 89002

[REDACTED]

On Thursday, April 16, 2020, 11:12:40 AM PDT, Han, Jonathan J. [REDACTED] wrote:

Hi, Paul,

I hope this email find you doing well. I reviewed the application and there need to be few corrections on the application. We will go over the application together when we do he telephone interview when we are ready. Please have a copy available or I can try to send you the one you submitted.

ATF0986

Here are the list of documents you can prepare and send to me for the inspection:

1. LLC ownership document (statement of ownership or LLC document showing percent ownership)
2. Property owner permission letter
3. EIN document form IRS
4. Fictitious Firm Name certificate for trade name if you intend on using one
5. Any local business licenses.

Please give me a call anytime if you have any questions. We can set up a telephone interview part when you are free Paul.

Thank you!



Jonathan J. Han

Industry Operations Investigator

Bureau of Alcohol, Tobacco, Firearms and Explosives

San Francisco Field Division/ Las Vegas III Field Office

Office: [REDACTED]

Cell: [REDACTED]

Application for Federal Firearms License

Part A

1. Applicant's Business/Activity is: <input type="checkbox"/> Individual Owner (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Collector (which can be an individual/partnership/corporation or LLC) <input type="checkbox"/> Other (specify) _____		
2. Licensee Name (Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name) <u>Pablo Jimenez JA Industries LLC # 4/22/2020</u>		
3. Trade or Business Name(s), if any <u>JA Industries LLC # 4/22/2020</u>	4. Employer Identification Number (EIN), if any (see definition #17) [REDACTED]	5. Name of County in which Business/Activity is Located Clark
6. Business/Activity Address (RFD or Street Number, City, State, and ZIP Code) (NOTE: This address CANNOT be a P.O. Box.) 249 Elliott Rd Henderson, NV 89011		7. Mailing Address (if different from address in item #6) [REDACTED]
8. Contact Numbers (Include Area Code) Business/Activity Phone <u>702-861-7866 # 4/22/2020</u> Fax Number _____ Cell Phone [REDACTED] Business Email <u>jaindustriesllc@yahoo.com</u>		
9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (sale of ammunition alone does not require a Federal Firearms License). <u>Manufacturer</u>		
10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information).		
Type	Description of License Type	Fee
01	Dealer in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
02	Pawnbroker in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
03	Collector of Curios and Relics (NOTE: This is not a license to conduct business, see instruction #8)	\$30 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (see instruction #11)	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other than Destructive Devices (see instruction #11)	\$150 <input checked="" type="checkbox"/>
08	Importer of Firearms Other than Destructive Devices or Ammunition for Firearms Other than Destructive Devices, or Ammunition Other than Armor Piercing Ammunition (NOTE: Importer of handguns and rifles, see instruction #9)	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices (see instruction #10)	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #11)	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #9)	\$3000 <input type="checkbox"/>
		Total Fees \$0

11. Method of Payment (Check one)

☐ Check (Enclosed) ☒ Cashier's Check or Money Order (Enclosed) ☒ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Diner's Club

Credit/Debit Card Number (No dashes) [REDACTED]	Name as Printed on Your Credit/Debit Card JA Industries LLC	Expiration Date (MM/YY) [REDACTED]
--	--	---------------------------------------

Credit/Debit Card Address: 7380 Eastgate Rd Suite 150
Billing Address: City: Henderson State: NV ZIP Code: 89011

Please complete to ensure payment is credited to the correct application:

I am paying the application fee for the following Person, Corporation, or Partnership: JA Industries LLC	Total Application Fees: \$ 150.00
---	---

I authorize ATF to charge my Credit/Debit Card the above amount. Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from "ATF Licensing Fee" will be reflected on your credit/debit card statement. In the event a license is NOT issued, the above amount will be credited to the credit/debit card noted above.

Pablo Jimenez
Signature of Cardholder

3/20/2020
Date

From: [ATF Notifications](#)
To: [Thompson, Clint R.](#)
Subject: Spartan Notification RE: 9-88-06010 Inspection Results
Date: Monday, April 27, 2020 2:39:46 PM
Attachments: [JA Industries Inc Final App.pdf](#)
[9-88-06010 JA INDUSTRIES LLC.pdf](#)

This is an automated email. Please do not reply.

Action requested by Area Supervisor Clint Thompson in reference to JA INDUSTRIES LLC.

Inspection Information:

Spartan Inspection Number: FAI-16250

Area Supervisor: Clint Thompson

Lead Industry Operations Investigator: [REDACTED]

Last Inspection Date: 4/22/2020

Final Outcome: License Approved

IOI Recommendation: Approve Application

Area Supervisor Recommendation: Approve Application

DIO Recommendation:

DC Recommendation:

DADIO Recommendation:

Action Type: Inspection Results

Licensee/Permittee Information:

Applicant: JA INDUSTRIES LLC

RDS Key: 9-88-06010

During the inspection, Pablo Jimenez, Responsible Person (RP), made the following change on the application:

Item #2 – The Licensee Name was changed to “JA Industries LLC.”

Item #3 – The Trade Name was deleted.

Item #8 – The Business Phone was added (702-861-7866)

The change was initialed and dated by Jimenez. The Federal Licensing System (FLS) should be updated to reflect the change made on the application.

For further information or questions please contact:

Area Supervisor Clint Thompson

ATF0989

San Francisco Field Division
Las Vegas III (IO) Field Office





DEPARTMENT OF JUSTICE
BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES
244 NEEDY ROAD
MARTINSBURG, WV 25405

901020
5300
4/8/2020

MEMO TO: **CLINT THOMPSON**
AREA SUPERVISOR Las Vegas

FROM: **Debbie Beitzel**
FEDERAL FIREARMS LICENSING CENTER

DATE: 4/8/2020

SUBJECT: FFL NUMBER: 9-88-06010 JA INDUSTRIES LLC
Trade name:

Federal Firearms License was received in the Federal Firearms Licensing Center. Required documentation as reflected below was not included. Please obtain the requested additional documentation, as indicated and/or have the applicable and appropriate corrections made as indicated. Please ensure all documents are included with the applicable ATF Form 5700.14, Assignment and Report, and that any amendments/corrections are clearly identified in item 11, ATF Officer's Recommendation: **Please return this original application to us since we are no longer making copies of applications.**

- New App., Type 07
- Please have the applicant initial any strikeouts or changes to this application.

ATF0991

License Number: 9 88 003 07 PA 06010



EIN: 474831692 Licensee Name: JA INDUSTRIES LLC

Business Name:

Premises Address

Street: 249 ELLIOTT RD

City: HENDERSON

State: NV

Zip Code: 89011

Mailing Address

Street:

City:

State: NV

Zip Code: 89002

Add Date

04/02/2020

Change DateExpiration DateInspection DateRenewal Receive DateRenewal Date

Application for Federal Firearms License

Part A

1. Applicant's Business/Activity is: <input type="checkbox"/> Individual Owner (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Collector (which can be an individual/partnership/corporation or LLC) <input type="checkbox"/> Other (specify) _____		
2. Licensee Name (Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name) <u>Pablo Jimenez JA Industries LLC # 4/22/2020</u>		
3. Trade or Business Name(s), if any <u>JA Industries LLC # 4/22/2020</u>	4. Employer Identification Number (EIN), if any (see definition #17) [REDACTED]	5. Name of County in which Business/Activity is Located Clark
6. Business/Activity Address (RFD or Street Number, City, State, and ZIP Code) (NOTE: This address CANNOT be a P.O. Box.) 249 Elliott Rd Henderson, NV 89011		7. Mailing Address (if different from address in item #6) [REDACTED]
8. Contact Numbers (Include Area Code) Business/Activity Phone <u>702-861-7866 # 4/22/2020</u> Fax Number _____ Cell Phone [REDACTED] Business Email <u>jaindustriesllc@yahoo.com</u>		
9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (sale of ammunition alone does not require a Federal Firearms License). <u>Manufacturer</u>		
10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information).		
Type	Description of License Type	Fee
01	Dealer in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
02	Pawnbroker in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
03	Collector of Curios and Relics (NOTE: This is not a license to conduct business, see instruction #8)	\$30 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (see instruction #11)	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other than Destructive Devices (see instruction #11)	\$150 <input checked="" type="checkbox"/>
08	Importer of Firearms Other than Destructive Devices or Ammunition for Firearms Other than Destructive Devices, or Ammunition Other than Armor Piercing Ammunition (NOTE: Importer of handguns and rifles, see instruction #9)	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices (see instruction #10)	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #11)	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #9)	\$3000 <input type="checkbox"/>
		Total Fees \$0

11. Method of Payment (Check one)

☐ Check (Enclosed) ☒ Cashier's Check or Money Order (Enclosed) ☒ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Diner's Club

Credit/Debit Card Number (No dashes) [REDACTED]	Name as Printed on Your Credit/Debit Card JA Industries LLC	Expiration Date (MM/YY) [REDACTED]
Credit/Debit Card Address: 7380 Eastgate Rd Suite 150		
Billing Address: City: Henderson State: NV ZIP Code: 89011		

Please complete to ensure payment is credited to the correct application:

I am paying the application fee for the following Person, Corporation, or Partnership: JA Industries LLC	Total Application Fees: \$ 150.00
---	--------------------------------------

I authorize ATF to charge my Credit/Debit Card the above amount. Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from "ATF Licensing Fee" will be reflected on your credit/debit card statement. In the event a license is NOT issued, the above amount will be credited to the credit/debit card noted above.

Pablo Jimenez
Signature of Cardholder

3/20/2020
Date

12. Hours of Operation and/or Availability of Business/Activity (please provide at least one hour in which you can be contacted by ATF personnel)

Hour(s): Please indicate AM or PM	Sun	Mon	Tues	Wed	Thu	Fri	Sat
	Closed	6am to 2pm	6am to 2pm	6am to 2pm	6am to 2pm	6am to 2pm	Closed

IF YOU ARE ONLY APPLYING FOR A TYPE 03 (COLLECTOR OF CURIOS AND RELICS) LICENSE, SKIP ITEMS 13-17 AND GO TO ITEM 18.
FOR ALL OTHER LICENSE TYPES, CONTINUE WITH ITEM 13.

13. Was the business obtained from someone else? (If "Yes," please provide the name of the previous business and their FFL Number) ☐ Yes ☒ No

Name of Previous Business

Federal Firearms License Number

14. Indicate type of business premises

Zoned Residential:

- ☐ Single Family Dwelling
☐ Condominium/Apartment
☐ Hotel/Motel
☐ Public Housing

Zoned Commercial:

- ☐ Store Front
☐ Office
☐ Rod & Gun Club
☐ Military Installation (see instruction #13-additional information required)
☒ Other (specify) Industrial

15. Applicant's business premises is:

☐ Owned Premises

☐ Military Installation

☒ Rented/Leased Premises- provide name, telephone number, and address of the property owner:

15100 Family Limited Partnership

9079 W Post Rd, Suite 120

Name

Street Address

702-623-8000

Las Vegas, NV 89148

Telephone Number (with area code)

City, State, and ZIP Code

16. Do you intend to sell firearms at Gun Shows and/or conduct Internet sales? ☐ Yes ☒ No

17. Do you intend to use your license ONLY to acquire firearms to enhance your personal collection? ☐ Yes ☒ No

18. Name of Chief Law Enforcement Officer (CLEO) (Please print the name of the CLEO to whom a copy of this application was provided. See instruction #4 and definition #1.)

Thedrick Andres

19. Address of CLEO (Include Number, Street, City, County, State, and ZIP Code)

223 Lead St
Henderson, NV 89015

County:
Clark

ATTENTION Chief Law Enforcement Officer (CLEO): This form provides notification of a person's intent to apply for a Federal Firearms License (FFL). It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal Firearms License, please contact the Federal Firearms Licensing Center toll free at 1-866-662-2750. Issuance of an FFL in no way guarantees the business or activity is not in violation of State and/or local law.

20. Applicant Certification (Please read AND INITIAL each box)

- ☒ a. The business/activity to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 6. This includes compliance with zoning ordinances. (Please contact your local zoning department PRIOR TO submitting application)
- ☒ b. Within 30 days after the application is approved, the business/activity will comply with the requirements of State and local law applicable to the conduct of the business/activity.
- ☒ c. Business/activity will not be conducted under the license until the requirements of State and local law applicable to the business/activity have been met.
- ☒ d. A completed copy of this application has been sent (mailed or delivered) to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises listed in item 6 is located (see instruction #4 and definition #1).
- ☒ e. As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees. (See definition #4) (If applying for a Type 03, Collector of Curios and Relics License ONLY, write "N/A" instead of initialing this certification box.)
- ☒ f. Part B of this application has been completed and will be submitted for EACH responsible person (RP) (See definition #3)

21. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application in its entirety and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of the applicant. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records. This certification must be signed by a Responsible Person (see instruction #2 and definition #3).

Pablo Jimenez

Print Applicant Name (First, Middle, Last)

Pablo Jimenez

Applicant Signature

3/20/2020

Date

Check Application Status (For ATF Use Only) ☐ Approved ☐ Abandoned ☐ Withdrawn ☐ Denied Reason for Denial:

Signature of Licensing Official:

Date:

ATF Copy - Page 2

ATF E-Form 7(5310.12)7CR(5310.16)
Revised April 2019

MAR 30 2020

ATF0994

Part B - Responsible Person Questionnaire

1. **EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF Form 7/7CR Part B.** In the future, if you need to add an additional Responsible Person to your FFL, the Responsible Person being added may complete this Part B-Responsible Person Questionnaire (see instruction #7).
2. Issuance of your license or addition as a Responsible Person will be delayed if Part B is incomplete or otherwise improperly prepared.
3. **IMPORTANT!** All new responsible persons must submit a properly prepared FD-258 (Fingerprint Card) with this questionnaire. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. The FD-258 should include "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block to facilitate processing of fingerprints.
4. List any given, married, and maiden names in Item 4, e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones." (If additional space is needed, attach a separate sheet. See instruction #1)

1. License or Applicant Name (From block 2 of Part A) JA Industries LLC	2. Federal Firearms License Number (If being added to an existing FFL)
--	--

3. Name of Responsible Person (Last, First, Middle) Jimenez, Pablo J	4. Aliases (Include given, married, maiden names) Jimenez, Paul J	5. Position/Title Owner
---	--	----------------------------

6. Social Security Number [REDACTED]	7. Date of Birth (MM/DD/YYYY) [REDACTED]	8. Place of Birth (City & State OR foreign country) [REDACTED]
---	---	---

9. Current Residence Address [REDACTED]	10. Telephone Number (Personal Contact # with Area Code) [REDACTED]
--	--

11. E-mail Address jaindustriesLLC@yahoo.com

12. Previous Address(es) - Please provide every address you have had in the last five years and dates which you lived at the address(es) (If additional space is needed attach a separate sheet. See instruction #1) [REDACTED]	13. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	14. Height 5 Feet 7 Inches	15. Weight 249 (lbs)	16. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other	17. Hair Color <input type="checkbox"/> Bald <input checked="" type="checkbox"/> Black <input type="checkbox"/> Blond <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other
	18. Ethnicity Hispanic or Latino <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Race (Please check one or more boxes) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White		

For the following questions give full details on a separate sheet for all "Yes" answers (see instruction #1)	Yes	No
20. Have you ever held a Federal Firearms License? (If so, please include FFL#) <u>9-88-003-07-1H-00873</u>	✓	
21. Have you ever been a Responsible Person on a Federal Firearms License? (If so, please include FFL#) <u>9-88-003-07-1H-00873</u>	✓	
22. Have you ever been an officer in a corporation holding a Federal Firearms License? (If so, please include FFL#) <u>9-88-003-07-1H-00873</u>	✓	
23. Have you ever been an employee of a Federal Firearms Licensee?	✓	
24. Have you ever been denied a Federal Firearms License?		✓
25. Have you ever had a Federal Firearms License revoked?		✓
26. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition #10)		✓
27. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition #10)		✓
28. Are you a fugitive from justice? (See definition #11)		✓
29. Are you under 21 years of age?		✓
30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.		✓
31. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions #12 and #13)		✓
32. Have you been discharged from the Armed Forces under dishonorable conditions?		✓
33. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See definition #5)		✓
34. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition #7)		✓

MAR 30 2020

35. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

☒ United States of America ☐ Other Country/Countries (specify): _____

	Yes	No
36. Have you ever renounced United States citizenship?		✓
37. Are you an alien illegally or unlawfully in the United States?		✓
38. a. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See definition #8)		✓
b. If "yes", do you fall within any of the exceptions stated in definition #9? Attach supporting documentation to the application. <input checked="" type="checkbox"/> N/A		

39. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#): _____

40. Under the penalties imposed by 18 U.S.C. § 924 and 1001, I declare that I have examined any related documents submitted in regard to this questionnaire/ATF Form 7/7CR Part B, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.

Pablo Jimenez
Signature

Pablo J. Jimenez
Printed Name

3/30/2020
Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF FORM 7/7CR PART B

Attach a 2" X 2" Photograph Here

If you are applying for a Type 03 ONLY a photograph is not required

1. Photo must have been taken within the last six months.
2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
3. On back of photograph print full name, last 4 of SSN, and business address.

Print Full Name

If applying for a NEW FFL:
Mail application, fingerprint cards, photographs, and application fees, including a separate questionnaire/Part B for EACH Responsible Person, to:

Federal Firearms Licensing Center
P.O. Box 6200-20
Portland, OR 97228-6200

If only adding a RP to an existing FFL:
Each Responsible Person being added must complete a separate questionnaire/ATF Form 7/7CR Part B and mail it, along with their fingerprint card and photograph, to: ATF, Attn: FFLC, 244 Needy Rd, Martinsburg, WV 25405

Type 03 Applicants:
A photograph and fingerprint card are not required if you are applying for a Type 03 Collector of Curios and Relics license only.

Questions:
If you have any questions relating to this form, please contact the ATF Federal Firearms Licensing Center at 1-866-662-2750, or your local ATF Industry Operations Office.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 60 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

MAR 30 2020

Pablo J Jimenez

EIN #

Question #20: Have you ever held a federal firearms license?

I was the president of Jimenez Arms Inc which engaged in the manufacturing and sales of firearms

Question #21: Have you ever been a responsible person on a federal firearms license?

Yes, I was the responsible person for Jimenez Arms Inc.

Question #22: Have you ever been an officer in a corporation holding a federal firearms license?

Yes, I was the only officer in Jimenez Arms Inc

Question #23: Have you ever been an employee of a federal firearms license:

Yes, I was employed with Bryco Arms from 1985-2003

MAR 30 2020

ATF0997



DEPARTMENT OF JUSTICE
BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES
244 NEEDY ROAD
MARTINSBURG, WV 25405

901020
5300
4/8/2020

MEMO TO: **CLINT THOMPSON**
AREA SUPERVISOR Las Vegas

FROM: **Debbie Beitzel**
FEDERAL FIREARMS LICENSING CENTER

DATE: 4/8/2020

SUBJECT: FFL NUMBER: 9-88-06010 JA INDUSTRIES LLC
Trade name:

Federal Firearms License was received in the Federal Firearms Licensing Center. Required documentation as reflected below was not included. Please obtain the requested additional documentation, as indicated and/or have the applicable and appropriate corrections made as indicated. Please ensure all documents are included with the applicable ATF Form 5700.14, Assignment and Report, and that any amendments/corrections are clearly identified in item 11, ATF Officer's Recommendation: **Please return this original application to us since we are no longer making copies of applications.**

- New App., Type 07
- Please have the applicant initial any strikeouts or changes to this application.

ATF0998

For Official Use Only

User ID: JLPULLER

04/02/2020 09:36:16

License Number: 9 88 003 07 PA 06010



EIN: 474831692 Licensee Name: JA INDUSTRIES LLC

Business Name:



Premises Address

Street: 249 ELLIOTT RD

City: HENDERSON

State: NV

Zip Code: 89011

Mailing Address

Street:

City:

State: NV

Zip Code: 89002

Add Date
04/02/2020

Change Date

Expiration Date

Inspection Date

Renewal Receive Date Renewal Date

ATF0999

Application for Federal Firearms License

9-88-06010

Part A

1. Applicant's Business/Activity is: ☐ Individual Owner (Sole Proprietor) ☐ Partnership ☐ Corporation ☒ LLC
☐ Collector (which can be an individual/partnership/corporation or LLC) ☐ Other (specify) _____

2. Licensee Name (Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name)
Pablo Jimenez

3. Trade or Business Name(s), if any
JA Industries LLC

4. Employer Identification Number (EIN), if any (see definition #17)
[REDACTED]

5. Name of County in which Business/Activity is Located
Clark

6. Business/Activity Address (RFD or Street Number, City, State, and ZIP Code) (NOTE: This address CANNOT be a P.O. Box.)
249 Elliott Rd
Henderson, NV 89011

7. Mailing Address (if different from address in item #6)
[REDACTED]

8. Contact Numbers (Include Area Code)
Business/Activity Phone [REDACTED] Fax Number [REDACTED]
Cell Phone [REDACTED] Business Email jaindustriesllc@yahoo.com

9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (sale of ammunition alone does not require a Federal Firearms License).
Manufacturer

10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information).

Type	Description of License Type	Fee
01	Dealer in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
02	Pawnbroker in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
03	Collector of Curios and Relics (NOTE: This is not a license to conduct business, see instruction #8)	\$30 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (see instruction #11)	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other than Destructive Devices (see instruction #11)	\$150 <input checked="" type="checkbox"/>
08	Importer of Firearms Other than Destructive Devices or Ammunition for Firearms Other than Destructive Devices, or Ammunition Other than Armor Piercing Ammunition (NOTE: Importer of handguns and rifles, see instruction #9)	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices (see instruction #10)	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #11)	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #9)	\$3000 <input type="checkbox"/>
Total Fees		\$0

11. Method of Payment (Check one)

☐ Check (Enclosed) ☒ Cashier's Check or Money Order (Enclosed) ☒ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Diner's Club

Credit/Debit Card Number (No dashes) [REDACTED] Name as Printed on Your Credit/Debit Card JA Industries LLC Expiration Date (MM/YY) [REDACTED]

Credit/Debit Card Address: 7380 Eastgate Rd Suite 150
Billing Address: City: Henderson State: NV ZIP Code: 89011

Please complete to ensure payment is credited to the correct application:

I am paying the application fee for the following Person, Corporation, or Partnership:
JA Industries LLC

Total Application Fees:
\$150.00

I authorize ATF to charge my Credit/Debit Card the above amount. Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from "ATF Licensing Fee" will be reflected on your credit/debit card statement. In the event a license is NOT issued, the above amount will be credited to the credit/debit card noted above.

Pablo Jimenez
Signature of Cardholder

FEDERAL FIREARMS

3/20/2020
Date

MAR 30 2020
ATF Copy - Page 1

ATF E-Form 7(5310 12)/7CR(5310.16)
Revised April 2019

LICENSING CENTER

12. Hours of Operation and/or Availability of Business/Activity (please provide at least one hour in which you can be contacted by ATF personnel)

Hour(s): Please indicate AM or PM	Sun	Mon	Tues	Wed	Thu	Fri	Sat
	Closed	6am to 2pm	6am to 2pm	6am to 2pm	6am to 2pm	6am to 2pm	Closed

IF YOU ARE ONLY APPLYING FOR A TYPE 03 (COLLECTOR OF CURIOS AND RELICS) LICENSE, SKIP ITEMS 13-17 AND GO TO ITEM 18.
FOR ALL OTHER LICENSE TYPES, CONTINUE WITH ITEM 13.

13. Was the business obtained from someone else? (If "Yes," please provide the name of the previous business and their FFL Number) ☐ Yes ☒ No

Name of Previous Business

Federal Firearms License Number

14. Indicate type of business premises

Zoned Residential:

- ☐ Single Family Dwelling
☐ Condominium/Apartment
☐ Hotel/Motel
☐ Public Housing

Zoned Commercial:

- ☐ Store Front
☐ Office
☐ Rod & Gun Club
☐ Military Installation (see instruction #13-additional information required)
☒ Other (specify) Industrial

15. Applicant's business premises is:

☐ Owned Premises

☐ Military Installation

☒ Rented/Leased Premises- provide name, telephone number, and address of the property owner:

15100 Family Limited Partnership

9079 W Post Rd, Suite 120

Name

Street Address

702-623-8000

Las Vegas, NV 89148

Telephone Number (with area code)

City, State, and ZIP Code

16. Do you intend to sell firearms at Gun Shows and/or conduct Internet sales? ☐ Yes ☒ No

17. Do you intend to use your license ONLY to acquire firearms to enhance your personal collection? ☐ Yes ☒ No

18. Name of Chief Law Enforcement Officer (CLEO) (Please print the name of the CLEO to whom a copy of this application was provided. See instruction #4 and definition #1.)

Thedrick Andres

19. Address of CLEO (Include Number, Street, City, County, State, and ZIP Code)

223 Lead St
Henderson, NV 89015

County:
Clark

ATTENTION Chief Law Enforcement Officer (CLEO): This form provides notification of a person's intent to apply for a Federal Firearms License (FFL). It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal Firearms License, please contact the Federal Firearms Licensing Center toll free at 1-866-662-2750. Issuance of an FFL in no way guarantees the business or activity is not in violation of State and/or local law.

20. Applicant Certification (Please read AND INITIAL each box)

- ☒ a. The business/activity to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 6. This includes compliance with zoning ordinances. (Please contact your local zoning department PRIOR TO submitting application)
- ☒ b. Within 30 days after the application is approved, the business/activity will comply with the requirements of State and local law applicable to the conduct of the business/activity.
- ☒ c. Business/activity will not be conducted under the license until the requirements of State and local law applicable to the business/activity have been met.
- ☒ d. A completed copy of this application has been sent (mailed or delivered) to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises listed in item 6 is located (see instruction #4 and definition #1).
- ☒ e. As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees. (See definition #4) (If applying for a Type 03, Collector of Curios and Relics License ONLY, write "N/A" instead of initialing this certification box.)
- ☒ f. Part B of this application has been completed and will be submitted for EACH responsible person (RP) (See definition #3)

21. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application in its entirety and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of the applicant. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records. This certification must be signed by a Responsible Person (see instruction #2 and definition #3).

Pablo Jimenez

Print Applicant Name (First, Middle, Last)

Pablo Jimenez

Applicant Signature

3/20/2020

Date

Check Application Status (For ATF Use Only) ☐ Approved ☐ Abandoned ☐ Withdrawn ☐ Denied Reason for Denial:

Signature of Licensing Official:

Date:

ATF Copy - Page 2

ATF E-Form 7(5310.12)/7CR(5310.16)
Revised April 2019

MAR 30 2020

ATF1001

Part B - Responsible Person Questionnaire

1. EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF Form 7/7CR Part B. In the future, if you need to add an additional Responsible Person to your FFL, the Responsible Person being added may complete this Part B-Responsible Person Questionnaire (see instruction #7).
2. Issuance of your license or addition as a Responsible Person will be delayed if Part B is incomplete or otherwise improperly prepared.
3. IMPORTANT! All new responsible persons must submit a properly prepared FD-258 (Fingerprint Card) with this questionnaire. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. The FD-258 should include "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block to facilitate processing of fingerprints.
4. List any given, married, and maiden names in Item 4, e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones." (If additional space is needed, attach a separate sheet. See instruction #1)

1. License or Applicant Name (From block 2 of Part A)
JA Industries LLC

2. Federal Firearms License Number (If being added to an existing FFL)

3. Name of Responsible Person (Last, First, Middle)
Jimenez, Pablo J

4. Aliases (Include given, married, maiden names)
Jimenez, Paul J

5. Position/Title
Owner

6. Social Security Number

7. Date of Birth (MM/DD/YYYY)

8. Place of Birth (City & State OR foreign country)

9. Current Residence Address

10. Telephone Number (Personal Contact # with Area Code)

11. E-mail Address
jaindustriesLLC@yahoo.com

12. Previous Address(es) - Please provide every address you have had in the last five years and dates which you lived at the address(es) (If additional space is needed attach a separate sheet. See instruction #1)

13. Sex

☒ Male

☐ Female

14. Height

5 Feet

7 Inches

15. Weight

249

(lbs)

16. Eye Color

☐ Black

☐ Blue

☒ Brown

☐ Gray

☐ Green

☐ Hazel

☐ Maroon

☐ Multiple

☐ Pink

☐ Other

17. Hair Color

☐ Bald

☒ Black

☐ Blond

☒ Brown

☐ Gray

☐ Red

☐ Sandy

☐ White

☐ Other

18. Ethnicity

Hispanic or Latino ☒ Yes ☐ No

19. Race (Please check one or more boxes)

☐ American Indian or Alaska Native

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☒ White

For the following questions give full details on a separate sheet for all "Yes" answers (see instruction #1)

	Yes	No
20. Have you ever held a Federal Firearms License? (If so, please include FFL#) 9-88-003-07-1H-00873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been a Responsible Person on a Federal Firearms License? (If so, please include FFL#) 9-88-003-07-1H-00873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been an officer in a corporation holding a Federal Firearms License? (If so, please include FFL#) 9-88-003-07-1H-00873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been an employee of a Federal Firearms Licensee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been denied a Federal Firearms License?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Have you ever had a Federal Firearms License revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition #10)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition #10)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Are you a fugitive from justice? (See definition #11)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Are you under 21 years of age?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions #12 and #13)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See definition #5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition #7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MAR 30 2020

35. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

☒ United States of America ☐ Other Country/Countries (specify): _____

	Yes	No
36. Have you ever renounced United States citizenship?		✓
37. Are you an alien illegally or unlawfully in the United States?		✓
38. a. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See definition #8)		✓
b. If "yes", do you fall within any of the exceptions stated in definition #9? Attach supporting documentation to the application. <input checked="" type="checkbox"/> N/A		

39. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#): _____

40. Under the penalties imposed by 18 U.S.C. § 924 and 1001, I declare that I have examined any related documents submitted in regard to this questionnaire/ATF Form 7/7CR Part B, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.

Pablo Jimenez
Signature

Pablo J. Jimenez
Printed Name

3/20/2020
Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF FORM 7/7CR PART B

**Attach a 2" X 2"
Photograph Here**

**If you are applying for a Type 03
ONLY a photograph is not required**

1. Photo must have been taken within the last six months.
2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
3. On back of photograph print full name, last 4 of SSN, and business address.

Print Full Name

If applying for a NEW FFL:
Mail application, fingerprint cards, photographs, and application fees, including a separate questionnaire/Part B for EACH Responsible Person, to:

Federal Firearms Licensing Center
P.O. Box 6200-20
Portland, OR 97228-6200

If only adding a RP to an existing FFL:
Each Responsible Person being added must complete a separate questionnaire/ATF Form 7/7CR Part B and mail it, along with their fingerprint card and photograph, to: ATF, Attn: FFLC, 244 Needy Rd, Martinsburg, WV 25405

Type 03 Applicants:
A photograph and fingerprint card are not required if you are applying for a Type 03 Collector of Curios and Relics license only.

Questions:
If you have any questions relating to this form, please contact the ATF Federal Firearms Licensing Center at 1-866-662-2750, or your local ATF Industry Operations Office.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 60 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

MAR 30 2020

Pablo J Jimenez

EIN [REDACTED]

Question #20: Have you ever held a federal firearms license?

I was the president of Jimenez Arms Inc which engaged in the manufacturing and sales of firearms

Question #21: Have you ever been a responsible person on a federal firearms license?

Yes, I was the responsible person for Jimenez Arms Inc.

Question #22: Have you ever been an officer in a corporation holding a federal firearms license?

Yes, I was the only officer in Jimenez Arms Inc

Question #23: Have you ever been an employee of a federal firearms license:

Yes, I was employed with Bryco Arms from 1985-2003

MAR 30 2020

ATF1004

From: [Thompson, Clint R.](#)
To: [Beitzel, Debra L.](#)
Cc: [Han, Jonathan J.](#)
Subject: FW: Spartan Notification RE: 9-88-06010 Inspection Results
Date: Monday, April 27, 2020 5:43:23 PM
Attachments: [JA Industries Inc Final App.pdf](#)
[9-88-06010 JA INDUSTRIES LLC.pdf](#)

From: ATF Notifications [REDACTED]
Sent: Monday, April 27, 2020 2:40 PM
To: Thompson, Clint R. [REDACTED]
Subject: Spartan Notification RE: 9-88-06010 Inspection Results

This is an automated email. Please do not reply.

Action requested by Area Supervisor Clint Thompson in reference to JA INDUSTRIES LLC.

Inspection Information:

Spartan Inspection Number: FAI-16250

Area Supervisor: Clint Thompson

Lead Industry Operations Investigator: [REDACTED]

Last Inspection Date: 4/22/2020

Final Outcome: License Approved

IOI Recommendation: Approve Application

Area Supervisor Recommendation: Approve Application

DIO Recommendation:

DC Recommendation:

DADIO Recommendation:

Action Type: Inspection Results

Licensee/Permittee Information:

Applicant: JA INDUSTRIES LLC

RDS Key: 9-88-06010

During the inspection, Pablo Jimenez, Responsible Person (RP), made the following change on the application:

Item #2 – The Licensee Name was changed to “JA Industries LLC.”

Item #3 – The Trade Name was deleted.

Item #8 – The Business Phone was added (702-861-7866)

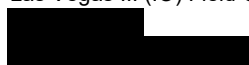
The change was initialed and dated by Jimenez. The Federal Licensing System (FLS) should be updated to reflect the change made on the application.

For further information or questions please contact:

Area Supervisor Clint Thompson

San Francisco Field Division

Las Vegas III (IO) Field Office



From: [Han, Jonathan J.](#)
To: [REDACTED]
Subject: Corrected app JA industries LLC
Date: Monday, April 27, 2020 5:20:00 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[JA Industries Inc Final App.pdf](#)

Sorry boss,

I forgot to put this in..

Jonathan J. Han

Industry Operations Investigator
Bureau of Alcohol, Tobacco, Firearms and Explosives
San Francisco Field Division/ Las Vegas III Field Office
Office: [REDACTED]
Cell: [REDACTED]



DEPARTMENT OF JUSTICE
BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES
244 NEEDY ROAD
MARTINSBURG, WV 25405

901020
5300
4/8/2020

MEMO TO: **CLINT THOMPSON**
AREA SUPERVISOR Las Vegas

FROM: **Debbie Beitzel**
FEDERAL FIREARMS LICENSING CENTER

DATE: 4/8/2020

SUBJECT: FFL NUMBER: 9-88-06010 JA INDUSTRIES LLC
Trade name:

Federal Firearms License was received in the Federal Firearms Licensing Center. Required documentation as reflected below was not included. Please obtain the requested additional documentation, as indicated and/or have the applicable and appropriate corrections made as indicated. Please ensure all documents are included with the applicable ATF Form 5700.14, Assignment and Report, and that any amendments/corrections are clearly identified in item 11, ATF Officer's Recommendation: **Please return this original application to us since we are no longer making copies of applications.**

- New App., Type 07
- Please have the applicant initial any strikeouts or changes to this application.

License Number: 9 88 003 07 PA 06010



EIN: 474831692 Licensee Name: JA INDUSTRIES LLC

Business Name:

Premises Address

Street: 249 ELLIOTT RD

City: HENDERSON

State: NV

Zip Code: 89011

Mailing Address

Street:

City:

State: NV

Zip Code: 89002

Add Date

04/02/2020

Change DateExpiration DateInspection DateRenewal Receive DateRenewal Date

Application for Federal Firearms License

Part A

1. Applicant's Business/Activity is: <input type="checkbox"/> Individual Owner (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Collector (which can be an individual/partnership/corporation or LLC) <input type="checkbox"/> Other (specify) _____		
2. Licensee Name (Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name) <u>Pablo Jimenez JA Industries LLC # 4/22/2020</u>		
3. Trade or Business Name(s), if any <u>JA Industries LLC # 4/22/2020</u>	4. Employer Identification Number (EIN), if any (see definition #17) [REDACTED]	5. Name of County in which Business/Activity is Located Clark
6. Business/Activity Address (RFD or Street Number, City, State, and ZIP Code) (NOTE: This address CANNOT be a P.O. Box.) 249 Elliott Rd Henderson, NV 89011		7. Mailing Address (if different from address in item #6) [REDACTED]
8. Contact Numbers (Include Area Code) Business/Activity Phone <u>702-861-7866 # 4/22/2020</u> Fax Number _____ Cell Phone [REDACTED] Business Email <u>jaindustriesllc@yahoo.com</u>		
9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (sale of ammunition alone does not require a Federal Firearms License). <u>Manufacturer</u>		
10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information).		
Type	Description of License Type	Fee
01	Dealer in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
02	Pawnbroker in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
03	Collector of Curios and Relics (NOTE: This is not a license to conduct business, see instruction #8)	\$30 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (see instruction #11)	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other than Destructive Devices (see instruction #11)	\$150 <input checked="" type="checkbox"/>
08	Importer of Firearms Other than Destructive Devices or Ammunition for Firearms Other than Destructive Devices, or Ammunition Other than Armor Piercing Ammunition (NOTE: Importer of handguns and rifles, see instruction #9)	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices (see instruction #10)	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #11)	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #9)	\$3000 <input type="checkbox"/>
		Total Fees \$0

11. Method of Payment (Check one)

☐ Check (Enclosed) ☒ Cashier's Check or Money Order (Enclosed) ☒ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Diner's Club

Credit/Debit Card Number (No dashes) [REDACTED]	Name as Printed on Your Credit/Debit Card JA Industries LLC	Expiration Date (MM/YY) [REDACTED]
--	--	---------------------------------------

Credit/Debit Card Address: 7380 Eastgate Rd Suite 150
Billing Address: City: Henderson State: NV ZIP Code: 89011

Please complete to ensure payment is credited to the correct application:

I am paying the application fee for the following Person, Corporation, or Partnership: JA Industries LLC	Total Application Fees: \$ 150.00
---	---

I authorize ATF to charge my Credit/Debit Card the above amount. Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from "ATF Licensing Fee" will be reflected on your credit/debit card statement. In the event a license is NOT issued, the above amount will be credited to the credit/debit card noted above.

Pablo Jimenez
Signature of Cardholder

3/20/2020
Date

12. Hours of Operation and/or Availability of Business/Activity (please provide at least one hour in which you can be contacted by ATF personnel)

Hour(s): Please indicate AM or PM	Sun	Mon	Tues	Wed	Thu	Fri	Sat
	Closed	6am to 2pm	6am to 2pm	6am to 2pm	6am to 2pm	6am to 2pm	Closed

IF YOU ARE ONLY APPLYING FOR A TYPE 03 (COLLECTOR OF CURIOS AND RELICS) LICENSE, SKIP ITEMS 13-17 AND GO TO ITEM 18.
FOR ALL OTHER LICENSE TYPES, CONTINUE WITH ITEM 13.

13. Was the business obtained from someone else? (If "Yes," please provide the name of the previous business and their FFL Number) ☐ Yes ☒ No

Name of Previous Business

Federal Firearms License Number

14. Indicate type of business premises

Zoned Residential:

- ☐ Single Family Dwelling
☐ Condominium/Apartment
☐ Hotel/Motel
☐ Public Housing

Zoned Commercial:

- ☐ Store Front
☐ Office
☐ Rod & Gun Club
☐ Military Installation (see instruction #13-additional information required)
☒ Other (specify) Industrial

15. Applicant's business premises is:

☐ Owned Premises

☐ Military Installation

☒ Rented/Leased Premises- provide name, telephone number, and address of the property owner:

15100 Family Limited Partnership

9079 W Post Rd, Suite 120

Name

Street Address

702-623-8000

Las Vegas, NV 89148

Telephone Number (with area code)

City, State, and ZIP Code

16. Do you intend to sell firearms at Gun Shows and/or conduct Internet sales? ☐ Yes ☒ No

17. Do you intend to use your license ONLY to acquire firearms to enhance your personal collection? ☐ Yes ☒ No

18. Name of Chief Law Enforcement Officer (CLEO) (Please print the name of the CLEO to whom a copy of this application was provided. See instruction #4 and definition #1.)

Thedrick Andres

19. Address of CLEO (Include Number, Street, City, County, State, and ZIP Code)

223 Lead St
Henderson, NV 89015

County:
Clark

ATTENTION Chief Law Enforcement Officer (CLEO): This form provides notification of a person's intent to apply for a Federal Firearms License (FFL). It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal Firearms License, please contact the Federal Firearms Licensing Center toll free at 1-866-662-2750. Issuance of an FFL in no way guarantees the business or activity is not in violation of State and/or local law.

20. Applicant Certification (Please read AND INITIAL each box)

- ☒ a. The business/activity to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 6. This includes compliance with zoning ordinances. (Please contact your local zoning department PRIOR TO submitting application)
- ☒ b. Within 30 days after the application is approved, the business/activity will comply with the requirements of State and local law applicable to the conduct of the business/activity.
- ☒ c. Business/activity will not be conducted under the license until the requirements of State and local law applicable to the business/activity have been met.
- ☒ d. A completed copy of this application has been sent (mailed or delivered) to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises listed in item 6 is located (see instruction #4 and definition #1).
- ☒ e. As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees. (See definition #4) (If applying for a Type 03, Collector of Curios and Relics License ONLY, write "N/A" instead of initialing this certification box.)
- ☒ f. Part B of this application has been completed and will be submitted for EACH responsible person (RP) (See definition #3)

21. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application in its entirety and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of the applicant. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records. This certification must be signed by a Responsible Person (see instruction #2 and definition #3).

Pablo Jimenez

Print Applicant Name (First, Middle, Last)

Pablo Jimenez

Applicant Signature

3/20/2020

Date

Check Application Status (For ATF Use Only) ☐ Approved ☐ Abandoned ☐ Withdrawn ☐ Denied Reason for Denial:

Signature of Licensing Official:

Date:

ATF Copy - Page 2

ATF E-Form 7(5310.12)7CR(5310.16)
Revised April 2019

MAR 30 2020

ATF1011

Part B - Responsible Person Questionnaire

- EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF Form 7/7CR Part B.** In the future, if you need to add an additional Responsible Person to your FFL, the Responsible Person being added may complete this Part B-Responsible Person Questionnaire (see instruction #7).
- Issuance of your license or addition as a Responsible Person will be delayed if Part B is incomplete or otherwise improperly prepared.
- IMPORTANT!** All new responsible persons must submit a properly prepared FD-258 (Fingerprint Card) with this questionnaire. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. The FD-258 should include "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block to facilitate processing of fingerprints.
- List any given, married, and maiden names in Item 4, e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones." (If additional space is needed, attach a separate sheet. See instruction #1)

1. License or Applicant Name (From block 2 of Part A) JA Industries LLC	2. Federal Firearms License Number (If being added to an existing FFL)
--	--

3. Name of Responsible Person (Last, First, Middle) Jimenez, Pablo J	4. Aliases (Include given, married, maiden names) Jimenez, Paul J	5. Position/Title Owner
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6. Social Security Number [REDACTED]	7. Date of Birth (MM/DD/YYYY) [REDACTED]	8. Place of Birth (City & State OR foreign country) [REDACTED]
---	---	---

9. Current Residence Address [REDACTED]	10. Telephone Number (Personal Contact # with Area Code) [REDACTED]
--	--

11. E-mail Address jaindustriesLLC@yahoo.com

12. Previous Address(es) - Please provide every address you have had in the last five years and dates which you lived at the address(es) (If additional space is needed attach a separate sheet. See instruction #1) [REDACTED]	13. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	14. Height 5 Feet 7 Inches	15. Weight 249 (lbs)	16. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other	17. Hair Color <input type="checkbox"/> Bald <input checked="" type="checkbox"/> Black <input type="checkbox"/> Blond <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other
	18. Ethnicity Hispanic or Latino <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	19. Race (Please check one or more boxes) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> White				

For the following questions give full details on a separate sheet for all "Yes" answers (see instruction #1)

	Yes	No
20. Have you ever held a Federal Firearms License? (If so, please include FFL#) 9-88-003-07-1H-00873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been a Responsible Person on a Federal Firearms License? (If so, please include FFL#) 9-88-003-07-1H-00873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been an officer in a corporation holding a Federal Firearms License? (If so, please include FFL#) 9-88-003-07-1H-00873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been an employee of a Federal Firearms Licensee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been denied a Federal Firearms License?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Have you ever had a Federal Firearms License revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition #10)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition #10)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Are you a fugitive from justice? (See definition #11)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Are you under 21 years of age?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions #12 and #13)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See definition #5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition #7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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35. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

☒ United States of America ☐ Other Country/Countries (specify): _____

	Yes	No
36. Have you ever renounced United States citizenship?		✓
37. Are you an alien illegally or unlawfully in the United States?		✓
38. a. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See definition #8)		✓
b. If "yes", do you fall within any of the exceptions stated in definition #9? Attach supporting documentation to the application. <input checked="" type="checkbox"/> N/A		

39. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#): _____

40. Under the penalties imposed by 18 U.S.C. § 924 and 1001, I declare that I have examined any related documents submitted in regard to this questionnaire/ATF Form 7/7CR Part B, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.

Pablo Jimenez
Signature

Pablo J. Jimenez
Printed Name

3/30/2020
Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF FORM 7/7CR PART B

Attach a 2" X 2"
Photograph Here

If you are applying for a Type 03
ONLY a photograph is not required

1. Photo must have been taken within the last six months.
2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
3. On back of photograph print full name, last 4 of SSN, and business address.

Print Full Name

If applying for a NEW FFL:
Mail application, fingerprint cards, photographs, and application fees, including a separate questionnaire/Part B for EACH Responsible Person, to:

Federal Firearms Licensing Center
P.O. Box 6200-20
Portland, OR 97228-6200

If only adding a RP to an existing FFL:
Each Responsible Person being added must complete a separate questionnaire/ATF Form 7/7CR Part B and mail it, along with their fingerprint card and photograph, to: ATF, Attn: FFLC, 244 Needy Rd, Martinsburg, WV 25405

Type 03 Applicants:
A photograph and fingerprint card are not required if you are applying for a Type 03 Collector of Curios and Relics license only.

Questions:
If you have any questions relating to this form, please contact the ATF Federal Firearms Licensing Center at 1-866-662-2750, or your local ATF Industry Operations Office.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 60 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

MAR 30 2020

Pablo J Jimenez

EIN #

Question #20: Have you ever held a federal firearms license?

I was the president of Jimenez Arms Inc which engaged in the manufacturing and sales of firearms

Question #21: Have you ever been a responsible person on a federal firearms license?

Yes, I was the responsible person for Jimenez Arms Inc.

Question #22: Have you ever been an officer in a corporation holding a federal firearms license?

Yes, I was the only officer in Jimenez Arms Inc

Question #23: Have you ever been an employee of a federal firearms license:

Yes, I was employed with Bryco Arms from 1985-2003

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ATF1014

Federal Licensing System

Window

Application Registration

Application Registration
For Official Use Only

Old License Number: 3824445 Application ID: 3-85-05010 RDS Key: JHAN User ID: JHAN

Applicant	Responsible Persons	Possessors	Comments	Payment
<p>CHC Clearance Date: 04/08/2020 Status: CLEARED</p> <p>NTN: 101CF58GD View NTN History</p> <p>NIC3 Clearance Date: 04/02/2020 Status: PROCEED</p> <p>Relief of Disability Date: [blank] Status: [blank]</p> <p>Clearance Date: 04/08/2020 Status: CLEARED</p> <p>RP LETTERS On Demand Printing Letter of Clearance Defer Print Immediate Print</p>	<p>Responsible Person Status: ACTIVE Last Name: JIMENEZ First Name: PABLO Middle: J Detail: IO Cadency: [blank]</p> <p>Title: OWNER SSN: [blank] Finger Print Card Number: [blank]</p> <p>Street: [blank] ZIP Code: 80002</p> <p>City: [blank] State: NV Phone: [blank] INS Number: [blank]</p> <p>e-Mail Address: jandustreslo@yahoo.com Last successful back check submit date: 02-APR-2020 09:32:36</p> <p>Date of Birth: [blank] Birth Country: UNITED STATES Birth State: CA State 2: NV State 3: [blank] State 4: [blank] State 5: [blank]</p> <p>Sex: MALE Race: WHITE Citizenship: U.S. CITIZEN</p> <p>Photo Recd date: [blank] FBI Card date: [blank] Waiver: [blank] UPIN: [blank]</p> <p>FOREIGN ADDRESS Street: [blank] City: [blank] Province: [blank] Postal Code: [blank] Country: [blank]</p>			<p>Citizenship Info Misc Nbr: [blank] Misc Nbr Rele: [blank]</p> <p>Non-Immigrant Alien Code: [blank] Non-Immigrant Alien Info: [blank] Resp. Person Comments: [blank]</p>

Social Security Number

Record: 1/1

From: [Thompson, Clint R.](#)
To: [Anderson, Melissa A.](#)
Subject: FW: Refrain from going to the office
Date: Tuesday, July 27, 2021 6:30:49 PM

From: Thompson, Clint R.
Sent: Thursday, April 2, 2020 1:49 PM
To: SF-Las Vegas IO [REDACTED]
Subject: RE: Refrain from going to the office

By the way, "mission critical" as it pertains to IO has been narrowly defined. We are only supposed to have in person contact if there is a FFL burglary or explosives theft that requires us to respond or if CE requests our assistance. Otherwise, please refrain from any field activity.

Thanks

From: Thompson, Clint R. [REDACTED]
Sent: Thursday, April 02, 2020 1:42 PM
To: SF-Las Vegas IO [REDACTED]
Subject: Refrain from going to the office

All,

I just spoke with ASAC Gorman and he has requested that we refrain from going to the office (both Las Vegas and Reno) until further notice.

Thanks,

Clint Thompson
Bureau of Alcohol, Tobacco, Firearms and Explosives
Area Supervisor
Las Vegas III (Industry Operations)
[REDACTED]

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

EVERYTOWN FOR GUN SAFETY SUPPORT
FUND *et al.*,

Plaintiffs,

v.

BUREAU OF ALCOHOL, TOBACCO,
FIREARMS AND EXPLOSIVES *et al.*,

Defendants.

No. 21 Civ. 0376 (PAE)

DECLARATION OF JONATHAN HAN

I, Jonathan J. Han of the Bureau of Alcohol, Tobacco, Firearms and Explosives, hereby declare the following pursuant to 28 U.S.C. § 1746:

1. I am an Industry Operations Investigator in the Las Vegas Field Office of the San Francisco Field Division of the Bureau of Alcohol, Tobacco, Firearms and Explosives (“ATF”). I have held this position since 2010. In this role, I am responsible for reviewing applications for federal firearms licenses (“FFL”).

2. I make this declaration to provide further factual information regarding the investigation I conducted in connection with the application of JA Industries LLC (“JA Industries”) for an FFL, which I understand is at issue in the above-captioned lawsuit. I understand that ATF has assembled certain documents relating to the agency’s consideration of this application, on which I served as the primary investigator. This declaration provides further factual information about the scope of my investigation which is not reflected in these documents, and to explain certain information in those documents.

3. I make this declaration based on my own personal knowledge as well as a review of documents relating to the investigation at issue.

4. JA Industries submitted its FFL application on March 30, 2021, and my review of that application was guided by ATF's Industry Operations Manual (Revised 2019), which requires verifying the accuracy of the information provided on the application, ensuring the application is for the proper type of license for the proposed business activity, ensuring the applicant and all responsible persons¹ are qualified to obtain a federal firearms license, determining if the applicant has a suitable premises from which to conduct business, and determining the applicant's ability to comply with Federal law and regulations, as well as State and local laws and regulations.

5. As part of the investigation, I consulted with ATF's Federal Licensing System ("FLS"), which displayed a result showing a code of "PROCEED" for Pablo Jimenez, the owner and sole responsible person of JA Industries, as entered by the agency's Federal Licensing Center on April 8, 2020. I am informed that, in order for the Licensing Center to indicate that we can "proceed" to approve an application from a particular individual in this system, it must review an FBI criminal history check in the National Instant Criminal Background Check System ("NICS"), and find no such relevant history. I understand that FLS will show results of the background checks for any responsible person associated with the application who has a criminal history. Also, FLS will issue a "flag" if ATF Criminal Enforcement reports a pending

¹ A responsible person is defined as, "[i]n the case of a Corporation, Partnership, or Association, any individual possessing, directly or indirectly, the power to direct or cause the direction of the management, policies, and practices of the Corporation, Partnership, or Association, insofar as they pertain to firearms." See ATF Form 7 (5310.12).

investigation involving the applicant or its responsible persons to the Federal Licensing Center.²

There was no such flag listed with respect to JA Industries.

6. In addition, my investigation included a review of materials relating to JA Industries to determine whether the company had any owners other than Mr. Jimenez. This review included a review of certain business-formation documents as well as my questioning of Mr. Jimenez. My investigation did not uncover evidence of any other person having an ownership interest in JA Industries.

7. I am currently, and was at the time of my investigation, aware of Mr. Jimenez's previous employment from 1990 to 2004 with Bryco Arms, which was operated by Bruce Jennings, in the Los Angeles area. When I conducted a compliance inspection of Jimenez Arms Inc. (Jimenez Arms), Mr. Jimenez's previous FFL, in 2012, I did not identify any other persons—including Mr. Jennings—who had ownership interests in the company or were involved with the company's firearms operations.³ Similarly, in my evaluation of the FFL application at issue in this lawsuit, I did not uncover any evidence that Mr. Jennings (or anyone other than Mr. Jimenez) had an ownership interest in JA Industries or were involved in the company's firearms operations.

² I was not aware—until I was shown a communication from counsel for plaintiffs in this action—that Jimenez Arms was listed in an affidavit by an ATF special agent as having sold a firearm that was used in the commission of a criminal offense in Missouri. See Affidavit for Criminal Complaint, ECF No. 2-1, at 11-13, *United States v. Samuels*, No. 2018-cr-00309 (W.D. Mo. Oct. 1, 2018). It is my understanding that if Jimenez Arms had been involved or targeted by ATF Criminal Enforcement for a law enforcement investigation, the local ATF area office overseeing it (the Las Vegas Field Office) would have been notified of such an investigation and any suspected or confirmed illegal firearms business activities. It is also my understanding that the existence of any such law enforcement investigation into Jimenez Arms would have caused FLS to flag the company's license in its system.

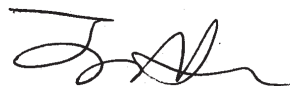
³ Based on ATF records, I understand that Mr. Jennings became prohibited from possessing firearms, and thus from being a responsible person for an FFL in approximately 2000, before Mr. Jimenez established a business in Nevada in 2005.

8. I was also aware that Jimenez Arms had been cited by ATF (pursuant to my inspections) for violations of the Federal firearms regulations in 2012 and 2017. The violations at issue were recordkeeping violations that did not meet the conditions for revocation recommendations per ATF's Firearms Administrative Action Policy at the time of the inspections, as they were not "willful." For this reason, these violations could not serve as a basis for denying JA Industries' FFL application.

9. My investigation also included an inspection of JA Industries. Typically, such inspections take place in person, although telephone inspections are also allowed in special circumstances at the approval of Director of Industry Operations or Area Supervisor. Due to the outbreak of the COVID-19 pandemic, I received instructions from Area Supervisor Clint Thompson on April 2, 2020, that all inspections would be completed by telephone until further notice. I therefore conducted a telephone inspection of JA Industries—by interviewing Mr. Jimenez over the telephone on April 22, 2020.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: July 30, 2021
Las Vegas, Nevada



Jonathan J. Han
Industry Operations Investigator
Bureau of Alcohol, Tobacco, Firearms and
Explosives

business have been met.

- (8) The applicant sent or delivered a form, to be prescribed by the Attorney General, to the chief law enforcement officer of the locality in which the premises is located indicating that the applicant intends to apply for a Federal firearms license.
- (9) The applicant certifies that secure gun storage or safety devices will be available at any place in which firearms are sold under the license to persons who are not licensees.

Exception: In any case in which a secure gun storage or safety device is temporarily unavailable because of theft, casualty loss, consumer sales, backorders from a manufacturer, or any other similar reason beyond the control of the licensee, the dealer shall not be considered to be in violation of the requirement under this subparagraph to make available such a device.

- (10) The applicant has a premises from which it conducts its collecting subject to license under the GCA or from which it intends to conduct such collecting within a reasonable period of time if the applicant is applying as a collector.

34. CONDUCTING FAI

a. General Pre-Inspection Procedures

- (1) Review the assignment, any special instructions and attachments noted in Spartan and perform appropriate queries. Query FLS and Spartan to determine if the applicant had or has any other licenses or permits. Be alert for the applicant's association with previous or current administrative actions under other Federal firearms licenses. Any derogatory information identified should be addressed with the area supervisor. Check for special attention flags in FLS. The IOI must log into FLS to view the special attention flag since it is not visible if FLS is accessed using Spartan. For querying FLS while using Spartan, see "[Search FLS Using Spartan](#)" and "[Using the N-Spect Lookback](#)" to view N-Spect while in Spartan.
- (2) Query N-Force or Spartan, as applicable, for any open or previous Criminal Enforcement (CE) investigations involving the applicant. If there is an open CE investigation, the IOI should contact the AS and case agent prior to taking any further action on the application.
- (3) Request information from the field division's Crime Gun Intelligence Center (CGIC), as necessary.
- (4) Verify the FFLC has initiated FBI criminal history checks and NICS checks on all responsible persons listed on the application. The IOI cannot submit the assignment or make a final recommendation until the

responsible persons have cleared an FFLC initiated FBI criminal history check and NICS check. Once the FBI checks are finalized, the FFLC examiner will update FLS to reflect that information in the clearance status field. The IOI must document the clearance date of the FBI criminal history conducted by the FFLC in Spartan.

Note: OpenFox is DOJ's portal for accessing National Law Enforcement Telecommunication Systems (NLETS) and National Crime Information Center (NCIC).

If the applicant or location is a known security risk, contact the AS to determine the appropriate course of action.

b. Spartan Pre-Inspection Procedures

(1) Review Assignment

- (a) Review the [ATF F 7 \(5310.12\)](#) and required supporting documentation for completeness, accuracy, and proper execution and compare it to the information that was copied from FLS and entered by the AS or IA (Investigative Analyst) in Spartan to ensure everything matches. If needed, edit the information in Spartan, for more information see [Editing or Sending Work for In-Progress Inspections](#).

It is suggested that the IOI save the attached ATF F 7 from Spartan to their laptop for future use. This ensures the document is available for review and amendments during the onsite interview with the applicant even if the IOI is unable to access it in Spartan.

- (b) Review special instructions noted in the assignment. The AS may provide additional information or request specific tasks so IOIs should always review them. Special Instructions can be accessed from the Initial Assignment Overview Screen in Spartan.
- (c) In accordance with [33 U.S.C. §1341](#), [ATF F 5000.29](#), Environmental Information and [ATF F 5000.30](#), Supplemental Information on Water Quality Considerations are required to be included with the ATF F 7 (5310.12) only for those applicants/licensees whose activity may result in a discharge into navigable waters. The determination of whether the forms are required is the responsibility of the applicant, but may be verified by ATF during the application or compliance inspection or other times. Not all applicants will need to submit the forms. Generally, the forms will be required for manufacturers and only if the activity may result in a discharge into navigable waters. If applicable, the forms will be collected by field office investigators during the inspection. The applicant may face consequences for non-compliance. Once an applicant has provided these forms to ATF, they must maintain current and valid forms with the ATF or risk